Steps to prevent swine flu

218. SHRI KALRAJ MISHRA:
SHRI KAMAL AKHTAR:
SHRI NAND KISHORE YADAV:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the number of patients who have been tested positive for H1N1 virus in the country, State-wise, city-wise; and

(b) the steps taken/being taken by Government to tackle the situation to treat the patients and prevent the spread of H1N1 virus flu?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) As on 30th June 2009, 109 laboratory confirmed cases of Influenza A H1N1 is reported in India. State-wise and City-Wise list is given in the Statement. [Refer to Statement appended to USQ 204 Pt. (a) to (e).].

(b) Government of India took a series of actions. A comprehensive plan including guidelines and standard operating procedures were put in place. Travel advisory was issued to defer non essential travel to the affected countries. Entry screening of passengers started at 22 international airports and five international checkpoints Community surveillance to detect clusters of influenza like illness is being done through Integrated Disease Surveillance Project. National Institute of Communicable Diseases, Delhi and National Institute of Virology, Pune are testing clinical samples. Sixteen additional laboratories have also started testing. There is adequate quantity of Oseltamivir, the drugs and protective equipments. License has been issued to three Indian manufacturers for importing seed virus to manufacture flu vaccine. Short term media plan has been implemented. Travel advisory, do's and don'ts and other pertinent information has been widely published to alley fear and avoid panic. Media is kept informed on daily basis. The pandemic preparedness and response calls for actions in sectors beyond health. National Disaster Management Authority has issued guidelines for such actions. All States have been requested to gear up the State machinery and strengthen isolation facilities including critical care facilities at district level.

Government is fully geared up to deal with the situation.

Pictorial warning on cigarette packets

219. SHRI NANDAMURI HARIKRISHNA:
SHRI M.V. MYSURA REDDY:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether it is a fact that the Supreme Court has recently cleared for pictorial warnings on cigarette, beedi and other chewed tobacco products;

(b) if so, the details of the directive;

(c) whether his Ministry has prepared any action plan, in coordination with the Labour Ministry, with regard to rehabilitation of beedi workers in the country, particularly in the State of Andhra Pradesh;

(d) if so, the details thereof; and

(e) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) Yes.

(b) Details of the directive of Hon'ble Supreme Court are as under:-

The Hon'ble Supreme Court in the Writ Petition No. 549/08 titled "Health for Millions TR. Legal Advisor versus Union of India and Others" in order dated 06.05.2009 has observed that the Additional Solicitor General appearing on behalf of Union of India undertakes to implement Cigarettes and other Tobacco Products (Packaging and labelling) Rules, 2008 with effect from 31st May, 2009 and enforcement thereof shall not be further extended under any circumstances. In view of the undertaking made before the Hon'ble Supreme Court, the Hon'ble Court has observed that it is not necessary to pass any further order in these writ petitions by way of interim measure. However, Hon'ble Court has directed that no court in the country shall pass any order, which is inconsistent with this order.

(c) Yes. The ministry of Health and FW is in the process of preparation of action plan to rehabilitate the bidi workers in the country.

(d) Earlier a Group of Ministers (GoM) was constituted *vide* Cabinet Secretariat letter No 601/2/1/2007-Cab dated 17th May, 2007 with the mandate to look into issues concerning warning on injury to health and suggest alternative livelihood/ rehabilitation to bidi rollers. The GoM in its meeting held on 11.07.2007 gave directions to the Ministry of Labour and Employment (MoLE) to suggest intermediate/long term arrangement for alternative livelihood for bidi rollers. Accordingly, Ministry of Labour and Employment launched the pilot scheme of providing training to bidi workers so as to provide them alternative sources of employment through viable sources of livelihood. These trainings have been conducted in 6 regions of the country namely Bangalore, Nagpur, Ajmer, Jabalpur, Hyderabad, Kolkata. Further, Ministry of Health and FW (MoH&FW) in collaboration with Central Tobacco Research Institute (Ministry of Agriculture) has also launched a pilot initiative of providing alternative cropping system to bidi/chewing tobacco crops in 5 different agro-ecological sub-regions *viz*.. West Bengal, Karnataka, Tamil Nadu, Andhra Pradesh and Gujarat.

In order to address the issue on long term basis the Ministry of Health and FW has also constituted an expert group at National Level with representation from different Ministries like Rural Development, Women and Child Development, National Dairy Development Board, civil society etc. This group will look into the issue of alternative livelihood to the bidi rollers and chalk out a long term rehabilitation strategy.

As per the recommendations of the EFC meeting of National Tobacco Control Programme (NTCP) held on Third March, 2009 all project regarding alternative livelihoods to people engaged in tobacco sector should be taken up by Ministry of Rural Development through their ongoing programme like Swarnjayanti Gram Swarozgar Yojana (SGSY) and other similar schemes rather than be piloted by MoH&FW.

(e) Does not arise.

Emergency Management and Research Institute

220. SHRI M.V. MYSURA REDDY:
SHRI NANDAMURI HARIKRISHNA:

Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the details of States in which Emergency Management and Research Institute (EMRI) services run in the country; State-wise;

(b) whether it is a fact that the Report of the National Health Systems Resource Centre clearly points out lack of Transparency with this model, particularly with regard to finances;

(c) if so, the details of the study carried out by NHSRC;

(d) whether it is a fact that the States are using NRHM funds for this programme;

(e) if so, whether the States have taken prior permission from the Government of India; and

(f) if not, the reasons therefor?

THE MINISTER OF HEALTH AND FAMILY WELFARE (SHRI GHULAM NABI AZAD): (a) The GVK Emergency Management and Research Institute (EMRI) services are presently available in nine states namely Andhra Pradesh, Gujarat, Uttarakhand, Goa, Rajasthan, Tamil Nadu, Karnataka, Assam and Meghalaya.

A study of EMRI conducted in Andhra Pradesh, Gujarat and Rajasthan by National Health Systems Resource Centre (NHSRC) has in its finding appreciated the efficiency and quality of services by EMRI which has led to its utilization in more than 85% of the Medical Emergencies in some of the States. However, it has suggested some areas of improvements including financial management. The findings of study have been shared with the respective States.

(c) The details of the study carried out by NHSRC are available on this Ministry's official web-site *i.e. www.mohfw.nic.in.*

(d) to (e) Yes, Sir. Under National Rural Health Mission (NRHM), funds are released to State/UT Governments for ambulance services and other emergency response mechanisms. In some cases, State Governments have preferred to operate ambulance services run by their own facilities. In other cases, the State Governments have chosen to provide emergency response services through the PPP route. In both these cases, funds have been released to State Governments as per their requests under the NRHM.